

## CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To	Theodus Jordan
Street, Apt. No., or PO Box No.	P.O. Box 840
City, State, ZIP+4	Jamaica Plain, MA 02130

PS Form 3800, June 2002

See Reverse for Instructions

OFFICE OF LEGAL ADVISOR

Andrea Alves Thomas  
Assistant Corporation Counsel

August 1, 2006

Via Certified MailTheodus Jordan  
P.O. Box 840  
Jamaica Plain, MA 02130*Re: Theodus Jordan v. Boston Public Schools*  
U.S. District Court 04-10688 NMG

Dear Mr. Jordan:

On May 9, 2006 I sent you Requests for Production of Documents and Requests for Answers to Interrogatories via Certified, Return Receipt Requested Mail. You received these and May 12, 2006. The responses to the requests for documents were due June 9, 2006 and the Answers to Interrogatories were due June 23, 2006. It is now August 1, 2006 and I have not received any response from you to either. Please provide me with responsive documents and your Answers to Interrogatories by August 11, 2006.

If you have any questions, feel free to contact me at (617) 635- 9320. Thank you for your attention to this matter.

Very truly yours,

Andrea Alves Thomas





7005 0390 0003 3046 4552

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 or PO Box No. P.O. Box 840  
 City, State, ZIP+4 Jamaica Plain, MA 02130

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Theodus Jordan  
 P.O. Box 840  
 Jamaica Plain, MA 02130

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Theodus Jordan 8/22/06

☐ Agent☐ Addressee

B. Received by (Printed Name)

Theodus Jordan 8/22/06

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

AUG 22 2006

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article Number  
(Transfer from service label)

7005 0390 0003 3046 4552

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540